

Business Licensing
1200 Madison Ave, Suite 100
Indianapolis, IN 46225
(317) 327-4316

License Fee: \$20

New _____ Renewal _____

APPLICATION FOR
AMUSEMENT LOCATION REGISTRATION
CITY OF INDIANAPOLIS

Name of Business: _____

Address of Business: _____ Zip Code: _____

Name of Applicant: _____

Home Address of Applicant: _____ Zip Code: _____

Business Phone Number: _____ Home or Cell Phone Number: _____

Age of Applicant: _____

Are you a citizen of the United States? Yes _____ No _____ If no, list Country of Citizenship: _____

Legal Status of Business: Individual Proprietor _____ Partnership _____ Corporation _____ LLC _____

If Corporation or LLC, list state where incorporated or state authorized: _____

Resident Agent's name: _____

Resident Agent's Address: _____ Zip Code: _____

If Corporation or Partnership, list the name and address of each officer or partner:

Name

Address

Name	Address

Name of Manager of location: _____

Has the applicant, partner or any corporate officer of the business ever been arrested or convicted of a felony, misdemeanor or ordinance violation other than a minor traffic charge: Yes _____ No _____

If so, list type of conviction and the jurisdiction:

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List the number of coin operated pool or billiard tables and coin operated machines to be registered with our office: _____

List the Name, Serial Number, Manufacturer and the name of the owner of each machine:

Name: _____

Serial Number: _____

Manufacturer: _____

Owner: _____

Name: _____

Serial Number: _____

Manufacturer: _____

Owner: _____

Name: _____

Serial Number: _____

Manufacturer: _____

Owner: _____

Name: _____

Serial Number: _____

Manufacturer: _____

Owner: _____

Name: _____

Serial Number: _____

Manufacturer: _____

Owner: _____

Name: _____

Serial Number: _____

Manufacturer: _____

Owner: _____

Name: _____

Serial Number: _____

Manufacturer: _____

Owner: _____

Name: _____

Serial Number: _____

Manufacturer: _____

Owner: _____

Name: _____

Serial Number: _____

Manufacturer: _____

Owner: _____

Please indicate that you agree or disagree by marking yes or no for the following:

1. Licensee is in good standing and has not had any license or registration to operate a business revoked or suspended: Yes _____ No _____
2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness: Yes _____ No _____
3. The person signing this application has the authority to sign for the business being licensed: Yes _____ No _____
4. Licensee will permit inspections of the business and premises by public authorities acting pursuant to law: Yes _____ No _____
5. Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public: Yes _____ No _____
6. Licensee will keep the premises clean and free from any sort of rubbish or combustible or explosive material: Yes _____ No _____
7. Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose: Yes _____ No _____
8. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials: Yes _____ No _____
9. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated: Yes _____ No _____

Please indicate that you agree or disagree by marking yes or no for the following (cont'd):

10. Licensee agrees to notify the Controller in writing before assigning or transferring the license to any other person (if permitted by ordinance): Yes _____ No _____
11. Licensee agrees to apply in writing to the Controller before changing the location of the business (if permitted by ordinance): Yes _____ No _____
12. Licensee agrees to give the Controller written notice once the business ceases to exist:
Yes _____ No _____

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true.

Signature: _____

Name printed: _____

Date signed: _____